

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: ACETABULAR IMPLANT AND METHOD
FOR THE PRODUCTION OF SAID
IMPLANT
Attorney Docket Number:: 0512-1319
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BRUNO
Middle Name::
Family Name:: BALAY
Name Suffix::
City of Residence:: TREVoux
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 70, CHEMIN DES ERABLES, SAINT BERNARD
Address::
City of Mailing Address:: TREVoux
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-01600

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-CLAUDE
Middle Name::
Family Name:: CARTILLIER
Name Suffix::
City of Residence:: LYON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 56, RUE PAUL SISLEY
Address::
City of Mailing Address:: LYON

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69008

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CLAUDE
Middle Name::
Family Name:: CHARLET
Name Suffix::
City of Residence:: SAINT DIDIER AU MONT D'OR
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 77, CHEMIN DES ESSES
City of Mailing Address:: SAINT DIDIER AU MONT D'OR
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69370

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-CHRISTOPHE
Middle Name::
Family Name:: CHATELET
Name Suffix::
City of Residence:: CHAZEY SUR AIN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: ROUTE DE RIGNIEUX

Address::

City of Mailing Address:: CHAZEY SUR AIN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-01150

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MICHEL-HENRI

Middle Name::
Family Name:: FESSY
Name Suffix::
City of Residence:: CHARLY
State or Province of
Residence::

Country of Residence:: FRANCE
Street of Mailing 55, RUE DE LA MÔRE
Address::

City of Mailing Address:: CHARLY
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69390

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: LOUIS
Middle Name::
Family Name:: HOVY
Name Suffix::
City of Residence:: MÜHLTAL-TRAISA
State or Province of
Residence::

Country of Residence:: GERMANY
Street of Mailing LUDWIGSTRASSE 21A
Address::
City of Mailing Address:: MÜHLTAL-TRAISA
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 64367

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALAIN
Middle Name::
Family Name:: MACHENAUD
Name Suffix::
City of Residence:: LA BALME DE SILLINGY
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 47, ROUTE DE LA BÂTHIE
Address::
City of Mailing Address:: LA BALME DE SILLINGY
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-74330

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-MARC
Middle Name::
Family Name:: SEMAY
Name Suffix::
City of Residence:: SAINT PRIEST EN JAREZ

State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 13, RUE DE BEAUMONT
Address::
City of Mailing Address:: SAINT PRIEST EN JAREZ
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-42270

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LOUIS
Middle Name::
Family Name:: SETIEY
Name Suffix::
City of Residence:: GLEIZE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 1003, RUE JOSEPH REMUET
Address:: LA RIPPE
City of Mailing Address:: GLEIZE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-PIERRE
Middle Name::
Family Name:: VIDALAIN

Name Suffix::
City of Residence:: ANNECY LE VIEUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing "LA BOISERIE", 8, RUE DU PONT DE THÉ
Address::
City of Mailing Address:: ANNECY LE VIEUX
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-74940

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: ULRICH
Middle Name::
Family Name:: WITZEL
Name Suffix::
City of Residence:: WUPPERTAL
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing IM KÄMPCHEN 7
Address::
City of Mailing Address:: GLEIZE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 42279

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SYLVAIN

Middle Name::
 Family Name:: ZANELLO
 Name Suffix::
 City of Residence:: MIONS
 State or Province of
 Residence::
 Country of Residence:: FRANCE
 Street of Mailing 2, ALLÉE MAURICE DRUON
 Address::
 City of Mailing Address:: ANNECY LE VIEUX
 State or Province of Mailing Address::
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-69780

Correspondence Information

Correspondence Customer 00466
 Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/002045	7/29/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0309405	7/30/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::